MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018489 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		∅					54							
5		∅					55							
6		∅					56							
7		∅					57							
8		∅					58							
9		∅					59							
10		∅					60							
11		∅					61							
12		∅					62							
13		∅					63							
14		∅					64							
15		∅					65							
16		∅					66							
17		∅					67							
18		∅					68							
19		∅					69							
20		∅					70							
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22		∅					72							
23		∅					73							
24		∅					74							
25		∅					75							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	25						TOTAL DEP.							
TOTAL CLAIMS	26						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)